

POSITION	INITIALS	ID NO.	DATE
	<i>AS</i>		<i>02/14/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>48</i>	<i>2/28/00</i>
FORMALITY REVIEW	<i>DW</i>	<i>72346</i>	<i>45-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	11/16/01
2	✓	✓	5-15-02
3	✓	✓	12-1-02
4	✓	✓	7-11-03
5	✓	✓	3-10-04
6	✓	✓	1-13-04
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
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50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	5-15-02
52	✓	✓	12-1-02
53	✓	✓	7-11-03
54	✓	✓	3-10-04
55	✓	✓	1-13-04
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Claim	Final	Original	Date
101	✓	✓	
102	✓	✓	
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106	✓	✓	
107	✓	✓	
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147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)